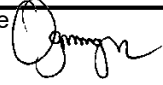
 <div style="display: inline-block; text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 83529-XX		2. EPA Product Manager Erik Kraft	
4. Company/Product (Name) Sharda USA LLC / Sharda Imazapic 23.6% SL II; ABN: Propose		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include Zip Code) Sharda USA LLC c/o Wagner Regulatory Associates, Inc. P.O. Box 640 Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b) (I), my product is similar or identical in composition and labeling to: EPA Reg. No.: 66222-141 (label only) + 83529-RGE (acute tox) Product Name: Impose Herbicide (label only) + Sharda Imazapic 23.6% SL (acute tox)	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Product composition is identical to Sharda Imazapic 23.6% SL, EPA Reg. No. 83529-RGE Labeling is substantially similar to Registration number 66222-141. PRIA Code - R300			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) Coex/Fluorinated
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 0.25, 1, and 2 gallons, bulk	
		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Ogongi Ogongi	Title Agent for Sharda USA LLC	Telephone No. (Include Area Code) (302) 239 7369 (ogongi@wagnerreg.com)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Agent for Sharda USA LLC	
4. Typed Name Ogongi Ogongi		5. Date March 24, 2021	